REPORT ON MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

(FY2007 Appropriation Bill - Public Act 330 of 2006)

April 1, 2007

Section 425: By April 1, 2007, the department, in conjunction with the department of corrections, shall report the following data from fiscal year 2005-2006 on mental health and substance abuse services to the house of representatives and senate appropriations subcommittees on community health and corrections, the house and senate fiscal agencies, and the state budget office: (a) The number of prisoners receiving substance abuse services, which shall include a description and breakdown of the type of substance abuse services provided to prisoners. (b) The number of prisoners with a primary diagnosis of mental illness and the number of such prisoners receiving mental health services, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential, and outpatient care, of the type of mental health services provided to those prisoners. (c) The number of prisoners with a primary diagnosis of mental illness and receiving substance abuse services, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential, and outpatient care, of the type of treatment provided to those prisoners. (d) Data indicating if prisoners receiving mental health services for a primary diagnosis of mental illness were previously hospitalized in a state psychiatric hospital for persons with mental illness. (e) Data indicating if prisoners with a primary diagnosis of mental illness and receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

Mental Health and Substance Abuse Reporting Requirements
Section 425 of Public Act 330 of 2006

The FY 2006 Appropriations Public Act 330, Section 425, requires that the Department of Community Health report information by April 1, 2007 on both substance abuse and mental health programs provided to prisoners.

The information provided in Subsection (a) below was supplied by the Department of Corrections (DOC). DOC is responsible for providing substance abuse services to prisoners.

Outpatient Substance Abuse Services: This is "traditional" outpatient level treatment primarily delivered in group settings. Prisoner participation usually ranges between 16 and 20 sessions.

Residential Substance Abuse Services: These services consist of group and individual counseling and other rehabilitative efforts provided in controlled environments. This is the most intensive of the service options available for prisoners. Program participation is for a minimum of six months and may be extended an additional six months for individual prisoners. These services are provided at Cooper Street Facility for males and Huron Valley Complex-Women (WHV) for women.

Substance Abuse Education Services: Prisoners with substance abuse problems receive educational and motivational information. Didactic sessions are delivered twice per week and prisoners must attend 13 sessions in order to complete the program.

Substance Abuse Services	Total # Assessment & Treatment Admissions and Enrollees
by Outpatient	6,259
by Residential	275
# Received Education	4,980

Subsection (b) The number of prisoners with a primary diagnosis of mental illness and the number of such prisoners receiving mental health services, which shall include a description and breakdown, minimally encompassing the categories of inpatient, residential, and outpatient care, of the type of mental health services provided to those prisoners.

INPATIENT

Acute Care: Consists of acute inpatient mental health services to male and female prisoners at the Huron Valley Correctional Complex (HVM & WHV).

The Acute Inpatient (AC) Services is an integral component of the Corrections Mental Health Program (CMHP) continuum of care. The primary mission of the prison-based AC is to provide intensive assessment and treatment, and rapid disposition for acutely mentally ill prisoners.

AC is an inpatient program providing 24-hour access to psychiatric care and correctional services seven days per week. The goal is to provide admission or evaluation of a referral within one day. It is the preferred level of care for seriously mentally ill prisoners with acute symptoms of psychosis or high suicide risk. A multidisciplinary team of mental health and correctional professionals provides mental health care and programmatic intervention. Custodial care is provided entirely by correctional personnel. Services provided in this setting are more comprehensive than typically available elsewhere in the CMHP continuum.

The AC program is a bio-psychosocial model, emphasizing intensive diagnostic assessment, stabilization with psychotropic medications, and brief psychotherapy. It offers a protective environment that facilitates stabilization of acute psychiatric disorders and rapid triage to other levels of care. Integrated services emphasize coordination with other service providers and organizations.

Inpatient psychiatric treatment services involve coordination of multiple, distinct processes, including psychiatric diagnosis, assessment of functional behavioral deficits, and development of an individual treatment plan. The treatment plan is the framework for treatment that typically involves psychotropic medications, crisis intervention, and behavior management, in order to promote restoration of a previous level of functioning; and, when possible, discharge to the previous level of care and supervision. Discharge, referral, or transfer of prisoners for continuing care to a less intensive level of care is a major focus of planning from the time of admission.

Treatment needs, goals and methods are determined by an interdisciplinary treatment team under the clinical leadership of a psychiatrist and are documented in the treatment plan. AC prisoners require active psychological and behavioral interventions, frequent changes in medication regimens, and close medical monitoring because of concurrent medical conditions, complex medication needs, and poor self-care. Staff will conduct monitoring of medication effects and side effects and evolving suicide and violence risk.

Therapeutic programming is delivered by treatment team members. These are qualified mental health professionals that include psychiatrists, psychologists, social workers, activity therapists, nurses (psychiatric and general health care), physicians, and correctional professionals, including Correctional Officers (CO), Residential Unit Officers (RUO), Resident Unit Managers (RUM), and Assistant Resident Unit Supervisors (ARUS). Under this model it is critically important that corrections prison professionals, health care professionals and mental health professionals work closely to maintain the integrity of the treatment model in all clinical and operational activities.

The AC program capacity is not limited necessarily to a specific number of beds in the inpatient units, but will vary depending on demand for AC inpatient and RTS programs.

Rehabilitation Treatment Services (Subacute Care): Inpatient services are provided to both male and female prisoners who are chronically mentally ill and unable to currently function in general prison housing units. This care is provided at Huron Valley Correctional Complex (HVM & WHV).

Rehabilitation Treatment Services (RTS) is an integral component of the Corrections Mental Health Program (CMHP) continuum of care. Its primary mission is to provide inpatient treatment programs for chronically mentally ill convicted felons within a prison-based environment. The programs are designed to ameliorate psychiatric symptoms and improve daily functioning.

The RTS is an appropriate level of care for seriously mentally ill prisoners with symptoms and functional deficits that are chronic, resistant to treatment or disabling and who are not suitable for treatment in a less restrictive level of care. Often they have prominent negative symptoms of mental illness, severe difficulties with social skills, and difficulty in negotiating the activities of daily living without frequent supervision and assistance.

The RTS follows a bio-psychosocial rehabilitation model of mental illness and treatment. The model emphasizes a prisoner's strengths and seeks to empower the individual to function as independently as possible in the prison setting. The model addresses the residual psychosocial needs remaining after initial psychiatric treatment has stabilized the prisoner's symptoms. The goal is to enable prisoners to function within a Residential Treatment Program (RTP), or another level of care within the CMHP. The RTS also provides treatment and support services to prisoners who have received maximal benefit from acute psychiatric services but who, nevertheless, are not functioning independently enough for placement in an RTP. This may include prisoners who have had partial or poor responses to psychotropic medications.

Treatment needs, goals and methods are determined by an interdisciplinary treatment team under the clinical leadership of a psychiatrist and are documented in an individualized treatment plan.

Prisoners at this level of care often have not achieved the full benefits anticipated from psychotropic medications, and thus may require frequent changes in medication regimens. Prolonged medication trials, complex combinations of psychotropic medications, and novel uses of medications may be needed to overcome treatment resistance. Close behavioral and medical monitoring is necessary to assess the effects and side effects associated with these regimens.

Program activities enhance independent living skills, psychosocial skills, social/leisure skills, wellness promotion, health education, academic skills, stress management, community integration, self-management, and basic cognitive skills. Outcomes from treatment program activities are designed to be applicable in prison and community settings.

RTS program capacity is not limited necessarily to a specific number of beds in the inpatient units, but will vary depending on demand for RTS and acute inpatient programs.

CRISIS STABILIZATION PROGRAM

The Crisis Stabilization Program is an integral component of the continuum of care. The program provides services for managing and treating disruptive prisoners whose behavior is linked to symptoms of mental illness or who are engaging in or threatening to engage in

suicidal/self-injurious behavior. The program provides expedited access to psychiatric evaluation in a mental health emergency through a combination of on-site and on-call services. The more intensive evaluation is done in a safe and secure setting. The treatment goal is to stabilize, with solution-focused treatment, prisoners experiencing a crisis of such intensity that their normal level of coping is no longer sufficient to allow them to stay in the general prison population. The goal is to return the prisoners to their previous level of functioning and/or send them on to the most appropriate level of care. The program is accessible 24 hours a day, seven days per week.

The target population consists of prisoners whose symptoms and behavior initially appear to be indicative of mental health crisis with a need for immediate intervention and further evaluation. The crisis may be an urgent or potentially emergent mental illness and/or a high risk of suicide.

The Crisis Stabilization Team typically consists of resident unit officers, psychiatric nursing, health care nursing, a psychiatrist, and other qualified mental health professionals as necessary.

Interventions typically include brief solution-focused therapies, psychopharmacological intervention, crisis intervention techniques, brief psycho-educational interactions, strategies for thinking productively, and interpersonal interventions to modify behaviors.

RESIDENTIAL TREATMENT PROGRAM

The Residential Treatment Programs (RTPs) are located in four prisons, three male and one female. The RTP consists of eight treatment teams. The Commission on Accreditation of Rehabilitation Facilities (CARF) accredits the Residential Treatment Programs as partial day programs.

The primary treatment focus of the RTP is based on a bio-psychosocial rehabilitation model. The primary treatment goal is the acquisition of those skills necessary to function independently within the general prison community or within society following parole or discharge from prison. The RTP also provides treatment and support services to prisoners who no longer require psychiatric inpatient but have not progressed behaviorally to the point where they can function independently in the general prison population without additional supports.

The target population consists of prisoners with serious mental illnesses whose primary symptoms have begun to remit but who continue to demonstrate significant impairment in social skills and a limited ability to participate independently in activities of daily living. These individuals cannot function adequately in the general prison population without significant support and modified behavioral expectations.

The RTP treatment team typically consists of a qualified mental health professional as the team supervisor, senior level psychiatrist, a psychologist, clinical social worker, psychiatric nurses, activity therapists, secretary, medical records support, resident unit officers, resident unit supervisors, and counselors from the DOC. The staff offices and treatment areas are located in a prison housing unit. The typical team capacity is 70-85 prisoners. Mental health coverage is

provided seven days per week, 8:00 a.m. to 8:00 p.m. The team works with the prisoners in the identification of their needs and in the development of goals and interventions to be incorporated into individualized treatment plans.

The goal of treatment is to achieve remission of the prisoners' symptoms and acquisition of skills to manage their symptoms and function independently. The methods used to accomplish the objectives consist of activity therapies, such as music and recreational; psycho-educational; psychotropic medication; cognitive restructuring; self-help skills; prison employment; problem solving techniques; behavioral therapy; and prison/community integration planning. The services are provided through intensive, direct support by staff with the provision of a minimum of 12 hours of activity per week.

OUTPATIENT

Outpatient services encompass 16 outpatient mental health teams providing services in 21 prisons (see attached prison list and map). Two teams, the Reception and Guidance Center for men and the Reception Center for women, evaluate all prisoners believed to be mentally ill or believed to have a severe mental disorder identified in the DOC prison entry screening.

The outpatient program has received accreditation for the treatment of mentally ill prisoners by the Commission on Accreditation of Rehabilitation Facilities (CARF).

The Outpatient Team serves two main functions. One is to ensure continuity, quality, and accessibility of care for prisoners discharged from Inpatient Acute Care, Rehabilitation Treatment Division, Residential Treatment Program, and Crisis Stabilization. Secondly, this program serves as a point of entry to the Corrections Mental Health Program for prisoners requiring mental health services.

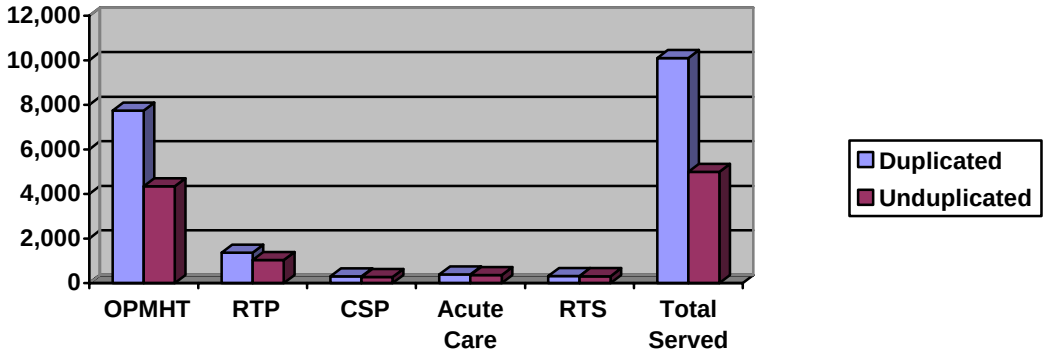
The target population consists of: Individuals with symptoms of mental illness or emotional disorders with moderate functional impairment due to the symptoms of mental illness or emotional disorder who can care for their basic needs and live independently within the general prison population.

The Outpatient Mental Health Team is a multi-disciplinary team typically consisting of a psychiatrist, psychologist, clinical social worker, psychiatric nurse, prison resident unit manager or counselor, DOC health care and secretary with one of the qualified mental health professionals as the team supervisor or leader. (see Attachment A). The team works with the prisoners in the identification of the needs and development of goals and interventions that are integrated into individualized treatment plans. Offices are centrally located within the prison and prisoners come from the housing units for appointments. Exceptions to this would be staff going to a prisoner's cell block in a crisis situation or prisoners who are housed in segregation. The typical caseload is 175 prisoners and the hours of operation are Monday through Friday, 8:00 a.m. to 4:30 p.m.

The Outpatient Mental Health Treatment Program is based on a bio-social-cognitive behavior model, emphasizing correction of thought distortion, interpersonal interactions, psycho-pharmacology, and psychosocial rehabilitation. The goal is to help the prisoner to deal with the symptomatology of the mental illness in order to gain self-control of the illness and compensate for the deficiencies the mental illness may cause. This is accomplished through teaching of various skills, medication, cognitive interventions, and a relapse prevention plan. The model goes beyond the elimination of positive symptomatology, such as hallucinations and delusions, through the use of psychotropic medication. It incorporates various methods to deal with the negative symptoms, such as severe, impoverished functioning skills, problems dealing with other individuals, presence of negative cognitive shifts, anhedonia, etc. Methods include cognitive restructuring, behavioral modifications, psychosocial education, self-help skills, and problem solving techniques.

PRISONERS SERVED BY LEVEL OF CARE

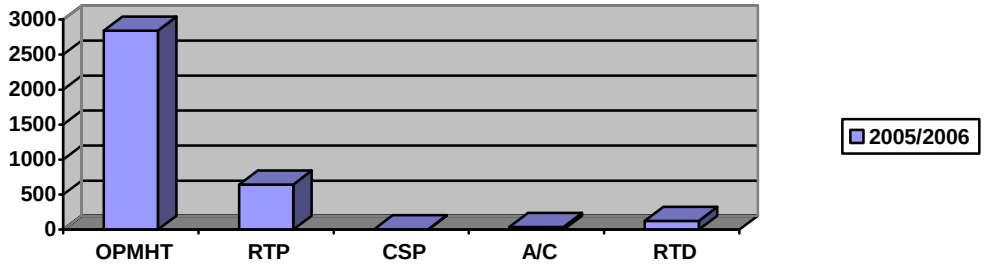
FY 05/06 Counts	OPMHT	RTP	CSP	Acute Care	RTS	Total Served
Duplicated	**7,742**	**1,361**	**295**	**385**	**318**	**10,101**
Unduplicated	**4,350**	**1,033**	**275**	**355**	**307**	**4994**



Unduplicated Count: Each prisoner is counted once in the year. Prisoners leaving and returning to same level of care count once, parole and return once, transfer between treatment team locations still only counted once, etc. Much of the duplication in outpatient is because of DOC transferring prisoners to various prisons during the year because of custody needs or health care needs.

AVERAGE CASELOAD BY LEVEL OF CARE

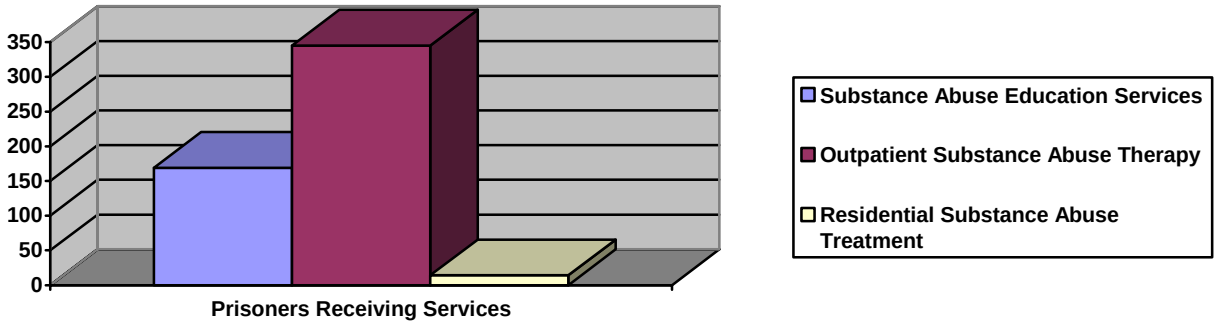
FY YEAR	OPMHT	RTP	CSP	A/C	RTD
2005/2006	2841	643	6	41	126



Subsection (c) The number of prisoners with a primary diagnosis of mental illness and receiving substance abuse services, which shall include a description and breakdown minimally encompassing the categories of inpatient, residential, and outpatient care, of the type of treatment provided to those prisoners.

A total of 528 prisoners receiving mental health services received substance abuse.

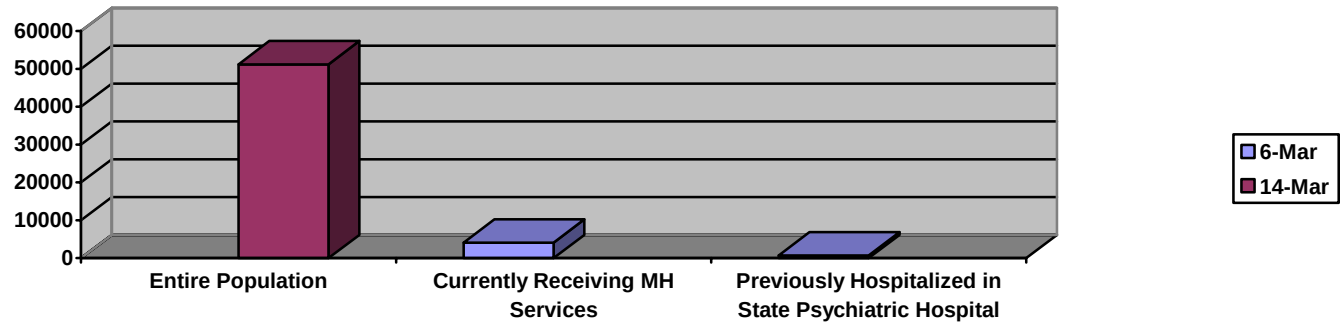
	# of MI Prisoners that Received Substance Abuse Services
Substance Abuse Education Services	169
Outpatient Substance Abuse Therapy	345
Residential Substance Abuse Treatment	14



Subsection (d) Data indicating if prisoners receiving mental health services for a primary diagnosis of mental illness were previously hospitalized in a state psychiatric hospital for persons with mental illness.

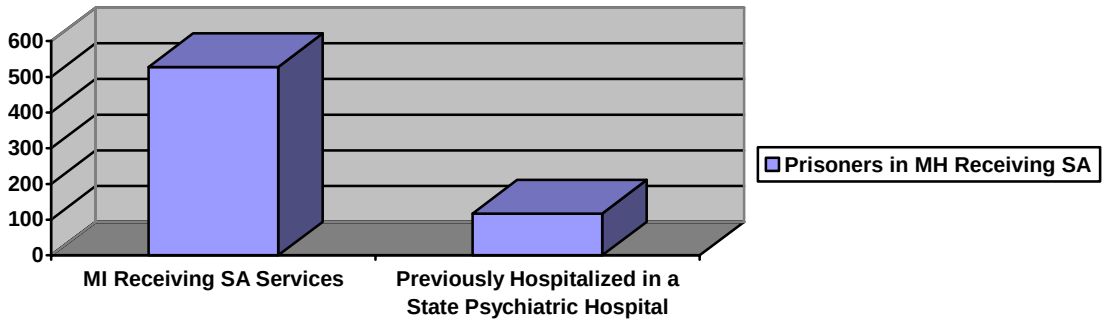
A total of 734 prisoners currently receiving mental health services were previously hospitalized in a state psychiatric hospital (as of March 6, 2007).

To put this number in context, 4,098 prisoners were receiving mental health services on March 6, 2007, while the entire prison population numbered 51,223 on March 14, 2007.



Subsection (e) Data indicating if prisoners with a primary diagnosis of mental illness and receiving substance abuse services were previously hospitalized in a state psychiatric hospital for persons with mental illness.

Out of 528 prisoners in mental health and substance abuse treatment 117 were previously hospitalized.



CORRECTIONS MENTAL HEALTH PROGRAM
LOCATION OF MENTAL HEALTH PROGRAMS BY FACILITY

Southern Michigan Correctional Facility (JMF)	Outpatient Mental Health Services
Charles E. Egeler Reception & Guidance (RGC)	Outpatient Mental Health Services
G. Robert Cotton Correctional Facility (JCF)	Outpatient Mental Health Services
Parnall Correctional Facility (SMT)	Outpatient Mental Health Services
Florence Crane Correctional Facility (ACF)	Outpatient Mental Health Services
Kinross Correctional Facility (KCF)	Outpatient Mental Health Services
Chippewa Correctional Facility (URF)	Outpatient Mental Health Services
Marquette Branch Prison (MBP)	Outpatient Mental Health Services
Gus Harrison Correctional Facility (ARF)	Outpatient Mental Health Services & Residential Treatment Program
Huron Valley Complex-Men (HVM)	Residential Treatment Program, Inpatient Services & Crisis Stabilization Program
Huron Valley Complex-Women (WHV)	Outpatient Mental Health Services & Inpatient Services (Female)
Robert Scott Correctional Facility (SCF)	Outpatient Mental Health Services & Residential Treatment Program (Female)
Camp Brighton (CBI)	Outpatient Mental Health Services (Female)
Macomb Correctional Facility (MRF)	Outpatient Mental Health Services
Riverside Correctional Facility (RCF)	Outpatient Mental Health Services & Residential Treatment Program
Bellamy Creek Correctional Facility (IBC)	Outpatient Mental Health Services
Richard A. Hanlon Correctional Facility (MTU)	Outpatient Mental Health Services
Ionia Maximum Correctional Facility (ICF)	Outpatient Mental Health Services & Crisis Stabilization Program
Muskegon Correctional Facility (MCF)	Outpatient Mental Health Services
Ernest Brooks Correctional Facility (LRF)	Outpatient Mental Health Services
Thumb Correctional Facility (TCF)	Outpatient Mental Health Services (Youthful Offender Program)

CORRECTIONS MENTAL HEALTH PROGRAM
OUTPATIENT CLINICAL OPERATIONS
MAP OF PRISON LOCATIONS/TREATMENT LOCATIONS

= SERVICE LOCATION